FORM D	not required to respond unless the form displays a currently valid OMB control number.
OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response 1.00	ATTENTION  Failure to file notice in the appropriate states will not result in a loss of the federal exemption.  Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

SEC USE ONLY Prefix Serial DATE RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Potential persons who are to respond to the collection of information contained in this form are

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Round Up 4 Network, Inc. Unsecured Convertible Promissory Notes Private Offering	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE	
Type of Filing:   New Filing □ Amendment	
A. BASICIDENTIFICATION DATA 02036164	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Round Up 4 Network, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 184 Fifth Avenue, New York, New York 10010 (212) 741-4222	e)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code (if different from Executive Offices)	e)
Brief Description of Business: The Company develops, sells and implements software for optimization of online ads	
Type of Business Organization	OF
✓ corporation ☐ limited partnership, already formed ☐ other (please specify):	5.38
□ business trust □ limited partnership, to be formed MAY 2 2 2	002
Month Year	
Actual or Estimated Date of Incorporation  March 82001   Actual   Actual   Actual   ENIMANCIA	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction.	

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator n each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercises the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of a fee as a precondition to the claim for the exercise the payment of the exercise the payment of a fee as a pa a fee in

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the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

# 2. Enter the information requested for the following:

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and r</li> </ul>	managing partner	of partnership issuers.			•
Check Box(es) that Apply:		☑ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Joseph M. Zawadzki	if individual)				
Business or Residence Addi 184 Fifth Avenue, New Yo		Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	<b>⊠</b> Executive Officer	□ Director     □	☐General and/or Managing Partner
Full Name (Last name first, Edward Shergalis	if individual)				
Business or Residence Addr 184 Fifth Avenue, New Yo		Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, Richard Person	•				<u>, , , , , , , , , , , , , , , , , , , </u>
Business or Residence Addr 36 Essex Street, Wenham		Street, City, State, Zip Code)		·	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	□ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, Scott McCabe	if individual)				
Business or Residence Addr 234 Lewis Wharf, Boston,		Street, City, State, Zip Code)		ender State of Carlo Best State of Carlo	en in de la companya de la companya De la companya de la
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Doug Chertok	if individual)			• .	
Business or Residence Addr 660 Madison Avenue, 14tl		Street, City, State, Zip Code) rk, NY 10021			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				out in the state of the state o
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				

7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				В. І	NFORMA	TIONABO	UT OFFE	RING			i i i i i i i	
1.	Has the iss	uer sold, or	does the iss	uer intend to	sell, to not	n-accredited	linvestors ir	this offerin	g?	•••••	Yes□ No	)X
	•		4	Answer also	in Append	lix, Column	2, if filing	under ULO	E.			
2.	What is the	e minimum	investment	that will be	accepted fi	rom any inc	lividual?			•••••	\$ 25,0	<u>00</u>
3.	Does the o	ffering pern	nit joint ow	nership of a	single unit	i?				••••••	Yes⊠ No	
4.	Enter the in	_		_	-							
	similar remi	uneration fo	r solicitatio	n of purcha	sers in conn	ection with	sales of sec	urities in th	e offering.	If a person	to be listed	is
	an associate or dealer.											
	information	for that bro	ker or deale	r only.								
Full Name	(Last name	first, if indi	vidual)			<del></del>	<del></del>			<del></del>		
N/.	<b>A</b>											
Business of	r Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of A	ssociated Br	oker or Dea	aler				<del></del>			· · · · · · · · ·		
States in W	hich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
(Chao	k "All State:	o" or obook	individual (	Statos)							7 All States	
(Chec	K All States	s or check	matviduai	states)				************		······	J All States	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV]	[NH] [TN]	[NJ]	[NM]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[он] [wv]	[OK] [WI]	[OR] [WY]	[PA]
	(Last name	[SD] first, if indi		[TX]	[UT]	[41]	[VA]	[WA]	[ 44 4 ]	[₩1]	[₩1]	[PR]
							·	·=				
Business of	r Residence	Address (N	umber and	Street, City	, State, Zip	Code)		*.				
Name of A	ssociated Br	oker or Dea	aler									
States in W	hich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers		1, 4				
(Chec	k "All State:	s" or check	individual S	States)	•••••					[	☐ All States	;
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] • [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] · [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii Name	(Last name	nrsi, 11 indi	viduai)					. de 1 €				
Business or	r Residence	Address (N	umber and	Street, City	, State, Zip	Code)					1 1 10 10 10 10 10 10 10 10 10 10 10 10	
Name of A	ssociated Br	oker or Dea	ıler	<del></del>			· · · · · · · · · · · · · · · · · · ·		·- <u>-</u>			
States in W	hich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers	<u>-</u>	·		<del></del> -	<u></u>	
	k "All States							••••••			All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold.

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$0	\$ 0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 500,000	\$ 300,000
	Partnership Interests.	\$ 0	\$ 0
	Other (Specify: )	\$ 0	\$ 0
	Total	\$ 500,000	\$ 300,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
and pers	er the number of accredited and non-accredited investors who have purchased securities in this offering the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of sons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. er "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited Investors	4	\$ 300,000
-	Non-accredited Investors	0	0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
the	is filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of urities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	<u>N/A</u>	\$ <u>N/A</u>
	Regulation A	<u>N/A</u>	\$ <u>N/A</u>
	Rule 504	<u>N/A</u>	\$ <u>N/A</u>
	Total	<u>N/A</u>	\$ <u>N/A</u>
offe give	furnish a statement of all expenses in connection with the issuance and distribution of the securities in this ring. Exclude amounts relating solely to organization expenses of the issuer. The information may be an as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs.		\$0
	Legal Fees	⊠	\$ 9,000
	Accounting Fees	🗵	\$ 1,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify)		· <b>\$</b> 0

#### b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... \$ 490,000 5. Indicate below the amount of the adjusted gross proceeds to the issuer or proposed to be used for each of the purposes shown. If the amount of any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above. Payments to Officers, Directors, & Payments To **Affiliates** Others Salaries and fees. \$ 61,000 \$184,000 $|\mathbf{X}|$ Purchase of real estate. □ \$ □ \$ □ \$ Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$ □ \$ □ \$ Working capital ..... \$ \$147,000 $\times$ \$ 98,000 Other (specify): technology development ..... □ \$ X □ \$ \_\_\_\_\_\_ D \$ □ \$

□ \$

☑ \$490,000

Total Payments Listed (column totals added).....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	RAL			

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature /	Date
Round Up 4 Network, Inc.		May 14, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<del> </del>
Joseph M. Zawadzki	Chairman of the Board, Ch <del>ief Execut</del>	ive Officer and President
	ATTENTION	
Intentional misstatements or omis	sions of fact constitute federal criminal viola	ations. (See 18 U.S.C. 1001

TO CU	CATE	CI	CARL	ACTIVE	TT	110

1. Is any party described in 17 CFR 230.262 presently sub	ject to any of the disqualification provisions of suc	h rule?		Yes	$\boxtimes$	No
See App	pendix, Column 5, for state response.					
<ol> <li>The undersigned issuer hereby undertakes to furnish to (17 CFR 239.500) at such times as required by state law.</li> <li>The undersigned issuer hereby undertakes to furnish to offerees.</li> <li>The undersigned issuer represents that the issuer is family Offering Exemption (ULOE) of the state in which this not has the burden of establishing that these conditions have be</li> </ol>	the state administrators, upon written request, info iliar with the conditions that must be satisfied to be ice is filed and understands that the issuer claiming	rmation	furni i to th	shed by th	ne issue m limite	er to ed
The issuer has read this notification and knows the contents duly authorized person.	to be true and has duly caused this notice to be sign	ed on its	beha	alf by the u	ndersig	ned
Issuer (Print or Type)  Round Up 4 Network, Inc.	Signature		Date	e May 14,	2002	

### Instruction:

Name of Signer (Print or Type)

Joseph M. Zawadzki

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Title of Signer (Print or Type)

Chairman of the Board, Chief Executive Officer and President

The second				APPE	NDIX				ili di
1		2	3			4	<u> </u>	Diagram	5
			Type of security						dification te ULOE (if
	Intend	d to sell	and aggregate						attach
		accredited	offering price	 		finvestor and			nation of
		rs in State	offered in state		amount pu	rchased in State			anted) (Part
	(Рап в	I-Item 1)	(Part C-Item 1)	Number of	(Pan	: C-Item 2)  Number of	·	E-1	tem 1)
				Accredited		Non-Accredited		1	•
STATE	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA								1	
CO	-							<u> </u>	
CT									
DE								<del>                                     </del>	
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ME									
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MA		X	Convertible Promissory Note / \$500,000	3	\$150,000	N/A	N/A		X
MI									
MN					· · · · · · · · · · · · · · · · · · ·				
MS		<del> </del>						<del> </del>	

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ADDENDIX	harpus in Suid State Nace devolute our interferonce and objects at 8004
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1		2	3			4			5					
	Intend To non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	and aggregate offering price offered in state		Type of investor and amount purchased in State					Type of investor and amount purchased in State (Part C-Item 2)		Disqua under Sta yes, explai waiver gr	dification te ULOE (if attach nation of anted) (Part tem 1)
STATE	Yes	No	<u>-</u>	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
NE														
NV						·								
NH						-								
NJ					-									
NM							• <u>•                                   </u>							
NY	-	X	Convertible Promissory Note / \$500,000	1	\$150,000	N/A	N/A		X					
NC														
ND														
ОН														
ОК														
OR							· · · · · · · · · · · · · · · · · · ·							
PA														
RI		. "					<u> </u>							
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